

		FOR OHF USE					

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0042432</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Addolorata Villa</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/03</u> to <u>06/30/04</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>																							
Address: <u>555 Mchenry Road</u> <u>Wheeling</u> <u>60090</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(847) 215-5801</u> Fax # <u>(847) 215-5805</u>																									
IDPA ID Number: <u>364107655001</u>		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) <u>Addolorata Villa</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td></tr><tr><td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u></td></tr><tr><td><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) _____	(Title) <u>Addolorata Villa</u>	(Signed) _____	Paid Preparer	(Date) _____	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u>	<u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>											
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	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>																								
Date of Initial License for Current Owners: <u>11/27/96</u>																									
Type of Ownership:																									
<table><tr><td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td><td><input type="checkbox"/> PROPRIETARY</td><td><input type="checkbox"/> GOVERNMENTAL</td></tr><tr><td><input checked="" type="checkbox"/> Charitable Corp.</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Trust</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> County</td></tr><tr><td>IRS Exemption Code <u>501 (c)(3)</u></td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td><input type="checkbox"/> "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td><input type="checkbox"/> Limited Liability Co.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Other _____</td><td></td></tr></table>		<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501 (c)(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____	
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	<input type="checkbox"/> Limited Liability Co.																								
	<input type="checkbox"/> Trust																								
	<input type="checkbox"/> Other _____																								
In the event there are further questions about this report, please contact:		MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																							
Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u>																									

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	427,440	112,743	26,554	566,737		566,737		566,737			1
2	Food Purchase		364,047		364,047		364,047	(17,023)	347,024			2
3	Housekeeping	258,752	19,499	16	278,267		278,267	(4,035)	274,232			3
4	Laundry	83,157	34,690		117,847		117,847	(33,240)	84,607			4
5	Heat and Other Utilities			143,707	143,707		143,707	(17,607)	126,100			5
6	Maintenance	303,803	17,737	107,266	428,806		428,806	(900)	427,906			6
7	Other (specify):*											7
8	TOTAL General Services	1,073,152	548,716	277,543	1,899,411		1,899,411	(72,805)	1,826,606			8
	B. Health Care and Programs											
9	Medical Director			21,600	21,600		21,600		21,600			9
10	Nursing and Medical Records	3,028,389	57,173	4,988	3,090,550		3,090,550		3,090,550			10
10a	Therapy			1,900	1,900		1,900		1,900			10a
11	Activities	181,988	13,524	1,000	196,512		196,512		196,512			11
12	Social Services	150,247	1,861	42,798	194,906		194,906		194,906			12
13	Nurse Aide Training											13
14	Program Transportation			5,830	5,830		5,830		5,830			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,360,624	72,558	78,116	3,511,298		3,511,298		3,511,298			16
	C. General Administration											
17	Administrative	22,396		153,574	175,970		175,970		175,970			17
18	Directors Fees											18
19	Professional Services			52,967	52,967		52,967		52,967			19
20	Dues, Fees, Subscriptions & Promotions			20,694	20,694		20,694	(2,803)	17,891			20
21	Clerical & General Office Expenses	562,480	38,119	352,791	953,390		953,390	(229,064)	724,326			21
22	Employee Benefits & Payroll Taxes			1,344,278	1,344,278		1,344,278	(19,701)	1,324,577			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,453	5,453		5,453		5,453			24
25	Other Admin. Staff Transportation			1,746	1,746		1,746		1,746			25
26	Insurance-Prop.Liab.Malpractice			24,543	24,543		24,543	(2,902)	21,641			26
27	Other (specify):*											27
28	TOTAL General Administration	584,876	38,119	1,956,046	2,579,041		2,579,041	(254,470)	2,324,571			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,018,652	659,393	2,311,705	7,989,750		7,989,750	(327,275)	7,662,475			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			1,184,660	1,184,660		1,184,660	(543,096)	641,564			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			368,497	368,497		368,497	(103,034)	265,463			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			21,190	21,190		21,190		21,190			35
36	Other (specify):*			325,452	325,452		325,452	(325,452)				36
37	TOTAL Ownership			1,899,799	1,899,799		1,899,799	(971,582)	928,217			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	82,815	93,032	332,705	508,552		508,552	(5,038)	503,514			39
40	Barber and Beauty Shops			55,078	55,078		55,078	(55,078)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,684	54,684		54,684	(882)	53,802			42
43	Other (specify):*	1,531,932	535,003	1,504,704	3,571,639		3,571,639	(3,571,639)				43
44	TOTAL Special Cost Centers	1,614,747	628,035	1,947,171	4,189,953		4,189,953	(3,632,637)	557,316			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,633,399	1,287,428	6,158,675	14,079,502		14,079,502	(4,931,494)	9,148,008			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(17,023)	02		4
5	Telephone, TV & Radio in Resident Rooms	(35,488)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	51,847	30		9
10	Interest and Other Investment Income	(74,461)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(2,803)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance	(2,902)	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(178,801)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(4,671,863)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,931,494)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (4,931,494)		37

*These costs are only allowable if they are necessary to meet minimum
licensing standards. Attach a schedule detailing the items included
on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Addolorata Villa

	ID#	0042432
Report Period Beginning:		07/01/03
Ending:		06/30/04

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	HOUSEKEEPING INCOME	\$ (4,035)	03	1
2	LAUNDRY INCOME	(33,240)	04	2
3	MAINTENANCE INCOME	(900)	06	3
4	CABLE TV INCOME	(17,607)	05	4
5	MISCELLANEOUS INCOME	(4,390)	21	5
6	BANK FEES	(3,991)	21	6
7	TAXES	(6,394)	21	7
8	EMPLOYEE COBRA CONTRIBUTIONS	(12,847)	22	8
9	HR PURCHASED SERVICES - PHYSICALS	(6,854)	22	9
10	NON-CARE ASSET DEPRECIATION	(594,943)	30	10
11	BOND FEES	(325,452)	36	11
12	ANCILLARY INCOME	(5,038)	39	12
13	BARBER AND BEAUTY	(55,078)	40	13
14	EXCESS PROVIDER FEE	(882)	42	14
15	ALU SALARIES	(588,108)	43	15
16	ALU SUPPLIES/OTHER	(176,900)	43	16
17	ILU SUPPLIES/OTHER	(64,905)	43	17
18	SENIOR FIT PROGRAM	(36,649)	43	18
19	MARKETING SALARIES	(191,493)	43	19
20	MARKETING SUPPLIES/OTHER	(241,832)	43	20
21	MISSION SUPPLIES	(219)	43	21
22	INTEREST EXPENSE - ILU	(15,000)	43	22
23	GARDEN CAFÉ SALARIES	(36,177)	43	23
24	ALU DINING SALARIES	(181,774)	43	24
25	ILU SALARIES	(511,550)	43	25
26	NON-ALLOWABLE CONVENT EXPENSES	(69,223)	43	26
27	ALU/ILU Supplies/Other	(1,457,809)	43	27
28	INVESTMENT EARNINGS	(28,573)	32	28
29				29
30				30
31				31
32				32
33				33
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97				97
98				98
99				99
100				100
101	Total	(4,671,863)		101

Summary A

06/30/04

[illegible]

Summary B

06/30/04

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Communities	100%	See Attached				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	FSCSC Shared Expenses	\$ 216,052	Franciscan Sisters of Chicago	100.00%	\$ 216,052	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 216,052			\$ 216,052	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Regional Expenses	\$ (62,479)	Franciscan Village Regional Office	100.00%	\$ (62,479)	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ (62,479)			\$ (62,479)	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See Attached - Board of Directors								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Franciscan Sisters of Chicago
Street Address 1260 Franciscan Drive
City / State / Zip Code Lemont, IL 60439
Phone Number (630) 257-3987
Fax Number (

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1	17	FSCSC Shared Expenses	Direct Allocation		\$	\$		\$ 216,052	1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$ 216,052	25

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Franciscan Village Regional Office
Street Address 1260 Franciscan Drive
City / State / Zip Code Lemont, IL 60439
Phone Number (630) 243-2244
Fax Number (

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Regional Expenses	Direct Allocation			\$	\$		(62,479)	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

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	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/04

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/04

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/03 Ending: 06/30/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	IFA Series E Bonds		x	Acquisition of Assets	Variable	11/27/96	\$ 5,660,000	\$ 5,625,614	5/15/27	Variable	\$ 135,840	1
2	Long Term Debt					2001		14,907,676			424,936	2
3	IFA Series D Bonds		x	Acquisition of Assets		11/27/96		4,987,347			353,788	3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6												6
7												7
8	See Supplemental Schedule											8
9	TOTAL Facility Related						\$ 5,660,000	\$ 25,520,637			\$ 914,564	9
	B. Non-Facility Related*											
10	Interest Income										(103,033)	10
11	ALU/ILU Adjustment										(546,066)	11
12												12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						\$	\$			\$ (649,099)	14
15	TOTALS (line 9+line14)						\$ 5,660,000	\$ 25,520,637			\$ 265,465	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
6												6	
7	TOTAL Long-Term											7	
	Working Capital												
8							\$	\$			\$	8	
9												9	
10												10	
11												11	
12												12	
13												13	
14	TOTAL Working Capital											14	
	B. Non-Facility Related*												
15							\$	\$			\$	15	
16												16	
17												17	
18												18	
19												19	
20	TOTAL Non-Facility Related											20	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.				\$	6
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1999	8	FOR OHF USE ONLY	
		2000	9		
		2001	10	13	FROM R. E. TAX STATEMENT FOR 2003 \$ 13
		2002	11	14	PLUS APPEAL COST FROM LINE 5 \$ 14
		2003	12	15	LESS REFUND FROM LINE 6 \$ 15
N/A				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

FACILITY NAME Addolorata Villa COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042432

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)		(B)		(C)		(D)	
<u>Tax Index Number</u>		<u>Property Description</u>		<u>Total Tax</u>		<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>	
1.				\$		\$	
2.				\$		\$	
3.				\$		\$	
4.				\$		\$	
5.				\$		\$	
6.				\$		\$	
7.				\$		\$	
8.				\$		\$	
9.				\$		\$	
10.				\$		\$	
TOTALS				\$		\$	

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Addolorata Villa COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042432

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,613

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Addolorata Villa Independent Living Units - 80036 square feet - 100 units

Outpatient Therapy - 2332 Square Feet

Assisted Living - 59584 square feet - 65 beds

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred: N/A

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	6,125	1996	\$ 644,128	1
2	Alloc-Regional		1996	28,094	2
3	TOTALS	6,125		\$ 672,222	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1996		4,747,979		20	208,859	208,859	1,374,973	9
10	Various		1997		596,240		20	42,242	42,242	269,852	10
11	Various		1998		213,118		20	11,287	11,287	91,067	11
12	Various		1999		339,176		20	31,185	(31,185)	122,587	12
13	Various		2000		2,751,343		20	127,824	127,824	443,417	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

***Total beds on this schedule must agree with page 2.**

****Improvement type must be detailed in order for the cost report to be considered complete.**

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)							67
68	Related Party Allocations (Pages 12-REP & 12A-REP)	376,531						68
69	Financial Statement Depreciation		395,738			(395,738)		69
70	TOTAL (lines 4 thru 69)	\$ 9,024,387	\$ 395,738		\$ 421,397	\$ (36,711)	\$ 2,301,897	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa

0042432

Report Period Beginning:

07/01/03

Ending:

06/30/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,024,387	\$ 395,738		\$ 421,397	\$ 25,659	\$ 2,301,897	1
2	Doorholders	2001	1,719		20	86	86	258	2
3	Lights	2001	2,019		20	101	101	303	3
4	Compressor	2001	2,861		20				4
5	Kitchen A/C	2001	1,064		20				5
6	Stall Shower	2001	789		20	23	23	69	6
7	Install Sink & Piping-Convent Sheltered	2001	2,880		20	85	85	255	7
8	Skilled Door Holders Installation	2001	374		20	22	22	66	8
9	Installation Of Front Door Lights & Cheryl'S Office Floor Chase	2001	336		20	13	13	39	9
10	Business Office Em Circuits	2001	606		20	18	18	54	10
11	Carpeting Scu 215	2001	611		20	72	72	216	11
12	Furnish 2-1/2 Ton Condensing Unit	2001	732		20	29	29	87	12
13	Address Snu Aaon Rtu Problems	2001	3,362		20	133	133	398	13
14	Asbestos Abatement	2001	1,076		20	128	128	383	14
15	Porcelain Refinishing	2001	776		20	92	92	276	15
16	Audio/Video Modulator	2001	461		20	27	27	82	16
17	Paint	2001	1,416		20	168	168	503	17
18	Rooftop Repairs	2001	661		20	26	26	78	18
19	Ac Hookup	2001	623		20	25	25	74	19
20	Rooftop Low Voltage	2001	1,100		20	43	43	130	20
21	Sheltered Rehab Work	2001	1,680		20	66	66	199	21
22	Mary'S Room Shower Conversion	2001	2,322		20	69	69	206	22
23	Install New P.Lam. Cabinets, Counter Top And Plumbing	2001	4,390		20	130	130	390	23
24	Replace Defective Condenser	2001	2,466		20	97	97	292	24
25	Repair Automation System	2001	895		20	27	27	80	25
26	Furnish And Install Dampers	2001	1,492		20	59	59	177	26
27	Motor Blower	2001	419		20	50	50	149	27
28	Paint	2001	356		20	42	42	126	28
29	Paint	2001	611		20	72	72	217	29
30	Paint	2001	879		20	104	104	312	30
31	Paint	2001	597		20	71	71	212	31
32	Ucci	2001	5,021		20	149	149	446	32
33	Scf Project Cip 2001 Transfer	2001	345,382		20	10,228	10,228	30,684	33
34	TOTAL (lines 1 thru 33)		\$ 9,414,363	\$ 395,738		\$ 433,651	\$ 37,913	\$ 2,338,658	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa

0042432

Report Period Beginning:

07/01/03

Ending:

06/30/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,414,363	\$ 395,738		\$ 433,651	\$ 37,913	\$ 2,338,658	1
2	<u>Allocated To Outpatient Therapy Per 6/30/00 Cap Report</u>	2001	(41,623)		20				2
3	<u>Marys Room Wallcovering</u>	2001	738		20	49	49	127	3
4	<u>Cpe Office Walls /Ceiling</u>	2001	1,538		20	103	103	288	4
5	<u>Cpe Office Carpet/Tile Removal</u>	2001	523		20	35	35	110	5
6	<u>Locks</u>	2001	118		20	8	8	64	6
7	<u>Room #232 -Drywall And Tape South Wall</u>	2001	480		20	32	32	90	7
8	<u>Cpe Office Willcovering</u>	2001	901		20	60	60	187	8
9	<u>Deadbolt And Rekeying Locks</u>	2001	260		20	17	17	230	9
10	<u>Two Dual Locations For Voice & Data</u>	2001	311		20	21	21	151	10
11	<u>Hr Office Renovate Exist Walls,Drywall Partition</u>	2001	3,609		20	241	241	521	11
12	<u>Misc. Building Repair</u>	2001	2,017		20	134	134	364	12
13	<u>Misc. Building Repair For Fire Compliance</u>	2001	732		20	49	49	109	13
14	<u>Repair Defective Refractory Board</u>	2001	1,746		20	116	116	260	14
15	<u>1St Fl Office Sprinkler Piping & Heads</u>	2001	1,231		20	82	82	202	15
16	<u>Convent Lights & Floor Holes</u>	2001	493		20	33	33	104	16
17	<u>Sump Room Lights, Ilv Stats</u>	2001	411		20	27	27	82	17
18	<u>Repair Timer In Sheltered Kitchen</u>	2001	490		20	33	33	92	18
19	<u>Office - Oak Base / Wood Shelf Cleat</u>	2001	500		20	33	33	164	19
20	<u>Retaining Walls And Ramp</u>	2001	1,803		20	120	120	338	20
21	<u>Retaining Walls And Ramp</u>	2001	1,803		20	120	120	263	21
22	<u>Concrete Ramp</u>	2001	209		20	14	14	127	22
23	<u>Custom Ramp Railing</u>	2001	701		20	47	47	177	23
24	<u>Custom Ramp Railing</u>	2001	701		20	47	47	152	24
25	<u>1St Fl-West Wing Demo Pipe</u>	2001	378		20	25	25	242	25
26	<u>Room #226 Lav-In Ceiling</u>	2001	1,538		20	103	103	293	26
27	<u>Exec.Dir.Office - Misc.Renovation</u>	2001	1,828		20	122	122	274	27
28	<u>Misc.Electrical</u>	2001	1,342		20	89	89	257	28
29	<u>Misc.Electrical</u>	2002	425		20	28	28	240	29
30	<u>Misc.Electrical</u>	2002	190		20	13	13	47	30
31	<u>Install 11 Dual /1 Data Location</u>	2002	3,776		20	252	252	544	31
32	<u>Offices/Washrooms Misc Repairs</u>	2002	1,837		20	122	122	312	32
33	<u>Paint + Misc. Supplies</u>	2002	826		20	55	55	174	33
34	TOTAL (lines 1 thru 33)		\$ 9,406,196	\$ 395,738		\$ 435,881	\$ 40,143	\$ 2,345,241	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa

0042432

Report Period Beginning:

07/01/03

Ending:

06/30/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,406,196	\$ 395,738		\$ 435,881	\$ 40,143	\$ 2,345,241	1
2	Toilet/Faucet/Closet Valve +Misc. Plumbing	2002	567		20	38	38	144	2
3	Regional Office-Locks & Rekeying	2002	1,279		20	85	85	209	3
4	Paint + Misc. Supplies	2002	91		20			91	4
5	Paint + Misc. Supplies	2002	604		20	40	40	202	5
6	Paint + Misc. Supplies	2002	183		20	12	12	98	6
7	Paint + Misc. Supplies	2002	28		20			28	7
8	Regional Office-Rewiring	2002	5,382		20	359	359	1,100	8
9	Regional Office - Paint + Misc. Supplies	2002	484		20	32	32	103	9
10	Regional Office - Paint + Misc. Supplies	2002	1,197		20	80	80	444	10
11	Regional Office - Paint + Misc. Supplies	2002	659		20	44	44	184	11
12	Regional Office - Paint + Misc. Supplies	2002	484		20	32	32	262	12
13	Admin Wing - Varnish Removal	2002	2,723		20	182	182	458	13
14	Admin.Assistant Office - Wiring	2002	1,172		20	78	78	192	14
15	Dietitians Off.-P.Lam Cabinets & Counter Tops	2002	3,429		20	229	229	508	15
16	Sheltered Care - Ceilings	2002	1,046		20	70	70	369	16
17	Health Care Off.- Renovation +Cabinets	2002	4,720		20	315	315	717	17
18	Regional Office/Convent S.Wing-Renovation	2002	6,756		20	450	450	934	18
19	Paint + Misc. Supplies	2002	906		20	60	60	331	19
20	Paint + Misc. Supplies	2002	307		20	20	20	109	20
21	Regional Office-Complete Jacks	2002	310		20	21	21	161	21
22	Paint + Misc. Supplies	2002	411		20	27	27	74	22
23	Regional Office - Paint + Misc. Supplies	2002	597		20	40	40	154	23
24	Regional Office - Paint + Misc. Supplies	2002	64		20			64	24
25	Regional Office/Convent S.Wing-Renovation	2002	20,601		20	1,373	1,373	2,846	25
26	Regional Office/Convent S.Wing-Renovation	2002	1,400		20	93	93	250	26
27	Regional Office/Convent S.Wing-Renovation	2002	11,276		20	752	752	1,689	27
28	Regional Office/Convent S.Wing-Renovation	2002	1,289		20	86	86	427	28
29	Regional Office/Convent S.Wing-Renovation	2002	511		20	34	34	125	29
30	Regional Office/Convent S.Wing-Renovation	2002	2,289		20	153	153	429	30
31	Refinish Bathtub	2002	505		20	25	25	50	31
32	Insulate Windows	2002	535		20	27	27	54	32
33	Repair Generator	2002	3,566		20	178	178	356	33
34	TOTAL (lines 1 thru 33)		\$ 9,481,566	\$ 395,738		\$ 440,816	\$ 45,078	\$ 2,358,404	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa

0042432

Report Period Beginning:

07/01/03

Ending:

06/30/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,481,566	\$ 395,738		\$ 440,816	\$ 45,078	\$ 2,358,404	1
2	Architect Fees	2003	2,109		20				2
3	Central Decorating	2003	327		20	11	11	22	3
4	Ucci, Inc. - Remodeling	2003	354		20	12	12	24	4
5	Deerfield Electric - Electrical	2003	1,500		20	50	50	100	5
6	Ucci, Inc. - Remodeling	2003	4,184		20	139	139	278	6
7	Ucci, Inc. - Remodeling	2003	4,818		20	161	161	322	7
8	The Premier Company	2003	8,445		20	422	422	844	8
9	Sound Incorporated - Door Rewiring	2003	1,892		20	189	189	378	9
10	Remodel Bathroom	2003	500		20	25	25	50	10
11	Insulate Windows	2003	506		20	25	25	50	11
12	Bearing Assembly For Pump	2003	1,232		20	62	62	124	12
13	Locks	2003	566		20	28	28	56	13
14	Repair Panic Device On Exit Door	2003	840		20	42	42	84	14
15	Fire Alarm System	2003	529		20	26	26	52	15
16	Roof Repair	2003	512		20	25	25	50	16
17	Roof Repair	2003	631		20	32	32	64	17
18	Insolar Window Treatment	2003	786		20	157	157	314	18
19	Painting & Decorating - Sherwin Williams	2003	1,670		20	334	334	668	19
20	Painting & Decorating - Sherwin Williams	2003	1,113		20	223	223	445	20
21	Painting & Decorating - Sherwin Williams	2003	700		20	70	70	140	21
22	Painting & Decorating - Sherwin Williams	2003	1,193		20	119	119	239	22
23	Painting & Decorating - Sherwin Williams	2003	812		20	81	81	162	23
24	Painting & Decorating - Sherwin Williams	2003	411		20	41	41	82	24
25	Painting & Decorating - Sherwin Williams	2003	784		20	78	78	157	25
26	Painting & Decorating - Sherwin Williams	2003	1,059		20	106	106	212	26
27	Painting & Decorating - Sherwin Williams	2003	1,102		20	110	110	220	27
28	Painting & Decorating - Sherwin Williams	2003	667		20	67	67	133	28
29	Boom Window & Screen	2003	1,092		20	109	109	218	29
30	Painting & Decorating - Sherwin Williams	2003	1,066		20	107	107	213	30
31	Painting & Decorating - Sherwin Williams	2003	417		20	42	42	83	31
32	Painting & Decorating - Sherwin Williams	2003	825		20	83	83	165	32
33	Painting & Decorating - Sherwin Williams	2003	614		20	61	61	123	33
34	TOTAL (lines 1 thru 33)		\$ 9,524,823	\$ 395,738		\$ 443,854	\$ 48,116	\$ 2,364,479	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa

0042432

Report Period Beginning:

07/01/03

Ending:

06/30/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,524,823	\$ 395,738		\$ 443,854	\$ 48,116	\$ 2,364,479	1
2	Painting & Decorating - Sherwin Williams	2003	784		20	78	78	157	2
3	Painting & Decorating - Sherwin Williams	2003	614		20	61	61	123	3
4	Painting & Decorating - Sherwin Williams	2003	1,134		20	113	113	227	4
5	Painting & Decorating - Sherwin Williams	2003	907		20	91	91	181	5
6	Painting & Decorating - Sherwin Williams	2003	784		20	78	78	157	6
7	Deerfield Electric	2003	909		20	91	91	182	7
8	Insolar Window Treatment	2003	967		20	97	97	193	8
9	Insolar Window Treatment	2003	(483)		20	(48)	(48)	(97)	9
10	Painting & Decorating - Sherwin Williams	2003	310		20	31	31	62	10
11	Painting & Decorating - Sherwin Williams	2003	987		20	99	99	197	11
12	Insolar Window Treatment	2003	793		20	79	79	159	12
13	Painting & Decorating - Sherwin Williams	2003	741		20	74	74	148	13
14	Painting	2004	534		20				14
15									15
16									16
17									17
18									18
19									19
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21									21
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30									30
31									31
32	Adjust depreciation to general ledger balance								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,533,803	\$ 395,738		\$ 444,698	\$ 48,960	\$ 2,366,168	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$9,533,803	\$395,738		\$444,698	\$48,960	\$2,366,168	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$		4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$		4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Regional Expense Allocation			1996	225,977						9
10	Regional Expense Allocation			1997	23,211						10
11	Regional Expense Allocation			1998	46,428						11
12	Regional Expense Allocation			1999	6,129						12
13	Regional Expense Allocation			2000	4,342						13
14	Regional Expense Allocation			2001	49,995						14
15	Regional Expense Allocation			2002	7,767						15
16	Regional Expense Allocation			2003	3,994						16
17	Regional Expense Allocation			2004	8,688						17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
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56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$376,531	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,229,353	\$193,979	\$193,979	\$	10	\$676,020	71
72	Current Year Purchases	15,293				10		72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$1,244,646	\$193,979	\$193,979	\$		\$676,020	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76		Illinois Bus	2001	\$11,548	\$	\$2,887	\$2,887	5	\$10,105
77									
78									
79									
80	TOTALS			\$11,548	\$	\$2,887	\$2,887		\$10,105

E. Summary of Care-Related Assets					1	2
		Reference				Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)				\$11,462,219
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)				\$589,717
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)				\$641,564
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)				\$51,847
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)				\$3,052,293

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)					
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Noncare Assets - 2004	\$17,968,787	\$594,943	\$	86
87	Therapy Allocation - 2003	41,623			87
88	Regional Expense-LIMP - 2004	(376,531)			88
89	Regional Expense-EQUIP - 2004	(58,527)			89
90					90
91	TOTALS	\$17,575,352	\$594,943	\$	91

G. Construction-in-Progress			
	Description	Cost	
92	Construction in Progress	\$26,500	92
93			93
94			94
95		\$26,500	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$ 21,190
- Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$
13.	/2006	\$
14.	/2007	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	82,815		332,705			415,520	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental						93,032		93,032	13
14	TOTAL			\$ 82,815		\$ 332,705	\$ 93,032		\$ 508,552	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 815,884	\$	1
2	Cash-Patient Deposits	5,722		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	737,702		3
4	Supply Inventory (priced at)	94,122		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,455		6
7	Other Prepaid Expenses	136,233		7
8	Accounts Receivable (owners or related parties)	(1,751,719)		8
9	Other(specify): See Attached Schedule	100		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 57,499	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,850,000		13
14	Buildings, at Historical Cost	24,321,179		14
15	Leasehold Improvements, at Historical Cost	486,327		15
16	Equipment, at Historical Cost	3,820,185		16
17	Accumulated Depreciation (book methods)	(7,020,449)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,231,828		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	676,517		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 26,365,587	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,423,086	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 396,507	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	699,644		28
29	Short-Term Notes Payable	203,419		29
30	Accrued Salaries Payable	746,017		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,167		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	124,852		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	(293,810)		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,881,796	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	25,317,218		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 25,317,218	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 27,199,014	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (775,928)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,423,086	\$	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 696,097	1
2	Restatements (describe):		2
3			3
4	Equity Restatement	30,137	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 726,234	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,502,162)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,502,162)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (775,928)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,735,912	1
2	Discounts and Allowances for all Levels	(1,947,455)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,788,457	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	539,168	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 539,168	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	74,669	13
14	Non-Patient Meals	49,185	14
15	Telephone, Television and Radio	49,049	15
16	Rental of Facility Space		16
17	Sale of Drugs	33,346	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,533	19
20	Radiology and X-Ray	743	20
21	Other Medical Services	157,658	21
22	Laundry	33,180	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 401,363	23
	D. Non-Operating Revenue		
24	Contributions	7,158	24
25	Interest and Other Investment Income***	103,034	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 110,192	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	(261,840)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (261,840)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,577,340	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,899,411	31
32	Health Care	3,511,298	32
33	General Administration	2,579,041	33
	B. Capital Expense		
34	Ownership	1,899,799	34
	C. Ancillary Expense		
35	Special Cost Centers	4,135,269	35
36	Provider Participation Fee	54,684	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,079,502	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,502,162)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,502,162)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,793	2,080	\$ 73,492	\$ 35.33	1
2	Assistant Director of Nursing					2
3	Registered Nurses	20,474	23,750	640,082	26.95	3
4	Licensed Practical Nurses	15,450	17,922	338,916	18.91	4
5	Nurse Aides & Orderlies	135,312	156,962	1,929,926	12.30	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	1,833	2,126	82,815	38.95	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,793	2,080	45,056	21.66	9
10	Activity Assistants	10,717	12,432	136,932	11.01	10
11	Social Service Workers	6,551	7,599	150,247	19.77	11
12	Dietician					12
13	Food Service Supervisor	880	1,021	26,421	25.88	13
14	Head Cook					14
15	Cook Helpers/Assistants	31,357	36,374	401,019	11.02	15
16	Dishwashers					16
17	Maintenance Workers	15,913	18,459	303,803	16.46	17
18	Housekeepers	26,063	30,233	258,752	8.56	18
19	Laundry	8,524	9,887	83,157	8.41	19
20	Administrator					20
21	Assistant Administrator	1,599	1,855	22,396	12.07	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	43,982	51,019	562,480	11.02	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,793	2,080	45,973	22.10	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	83,873	97,293	1,531,930	15.75	33
34	TOTAL (lines 1 - 33)	407,907	473,172	\$ 6,633,397 *	\$ 14.02	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	1,085	\$ 26,554	01-03	35
36	Medical Director	monthly	21,600	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	99	4,988	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	monthly	1,900	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	monthly	1,000	11-03	44
45	Social Service Consultant	monthly	2,541	12-03	45
46	Other(specify)				46
47	Pastoral Consultant	monthly	40,257	12-03	47
48					48
49	TOTAL (lines 35 - 48)	1,184	\$ 98,840		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberAddolorata Villa# 0042432Report Period Beginning: 07/01/03Ending: 06/30/04Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Patricia Ferguson	Asst. Admin	0	\$ 22,396
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 22,396

B. Administrative - Other

Description	Amount
Franciscan Sisters of Chicago Service Corp - Shared Exp.	\$ 216,052
Regional Expenses	(62,479)
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Sawson, Lawer & Arnold	Legal	\$ 725
Earnst & Young	Accounting	27,000
FRR	Healthcare Consulting	16,687
Ceridian	Payroll Processing	16,267
	Purchase Service Cons.	1,635
	ALU/ILU Allocation	(9,347)
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)		\$ 52,967

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 57,220
Unemployment Compensation Insurance	3,687
FICA Taxes	499,230
Employee Health Insurance	473,627
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Employee Benefits	4,865
Life Insurance	39,090
Dental/Vision Insurance	64,845
Disability Insurance	596
Retirement Benefits	165,908
Christmas Expense	15,509
TOTAL (agree to Schedule V, line 22, col.8)	

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	
Health Care Worker Background Check (Indicate # of checks performed 53)	529
Dues and Subscriptions	17,362
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Seminar Expense	5,452
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 5,452

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN \$ 11,265
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 42,387 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation. _____
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 53,802
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes-ILU If YES, attach an explanation of the allocation. _____

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes-ILU Building For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 17,023
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Ernst & Young The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.